## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/10/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		LE CONSTRUCTION 6 01, 02		(X3) DATE SURVEY COMPLETED R	
		155539	B. WING			1	к /03/2013	
NAME OF PROVIDER OR SUPPLIER  BERTHA D GARTEN KETCHAM MEMORIAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE  601 E RACE ST  ODON, IN 47562			00,2010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		I	ID PROVIDER'S PLAN OF CORRECTIVE PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)			(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENT	S	{K (	000}				
	INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/19/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 05/03/13  Facility Number: 000300 Provider Number: 155539 AIM Number: 100287340  Surveyor: Lex Brashear, Life Safety Code Specialist  At this PSR survey, Bertha D. Garten Ketcham Memorial Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.  This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and in all resident sleeping rooms. The facility has a capacity of 58 and had a census of 49 at the time of this survey.  All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except, one detached							
	garage used for fac	lity storage, and one					OVOL PATE	
_ABORATORY	DIRECTOR'S OR PROVIDER	R/SUPPLIER REPRESENTATIVE'S SIGNATUR	KE.		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>		(X3) DATE SURVEY COMPLETED	
		155539	B. WING	·		R <b>05/03/2013</b>	
NAME OF PROVIDER OR SUPPLIER  BERTHA D GARTEN KETCHAM MEMORIAL CENTER			•	6	REET ADDRESS, CITY, STATE, ZIP CODE 01 E RACE ST DDON, IN 47562		
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{K 000}	Quality Review by Ro Code Specialist-Medi	office building used by employees only.  view by Robert Booher, Life Safety cialist-Medical Surveyor on 05/09/13.		000}			
{K 000}	Code Recertification a conducted on 02/19/1 Indiana State Departr accordance with 42 C Survey Date: 05/03/1 Facility Number: 000 Provider Number: 15 AIM Number: 10028 Surveyor: Lex Brash	it (PSR) to the Life Safety and State Licensure Survey 13 was conducted by the ment of Health in CFR 483.70(a).	{K.(	000}			
	Memorial Center was Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LSG 2012 addition consist Therapy addition which Chapter 18, New Heat This one story facility Type V (111) constructions on the Sprinklered. The facility with hard wired smok Physical Therapy additional Protection of the Parameter of Parameter Services of Parameter Servi	22 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. The ed of the new Physical ch was surveyed with alth Care Occupancies.					

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		B. WING			R <b>05/03/2013</b>			
NAME OF PROVIDER OR SUPPLIER  BERTHA D GARTEN KETCHAM MEMORIAL CENTER			1	601	T ADDRESS, CITY, STATE, ZIP CODE E RACE ST ON, IN 47562			
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